

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/672,978		Filing Date 27 September, 2003		<input type="checkbox"/> To be Mailed				
					Applicant(s) KATSIN, DANIEL H.				Page 1 of 1				
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/24/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				1			53						
4				2			54						
5			1				55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				X			60						
11				1			61						
12				4			62						
13			1				63						
14				X			64						
15				X			65						
16				X			66						
17				1			67						
18				(1)			68						
19			1				69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				4			74						
25							75						
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47							97						
48							98						
49							99						
50							100						
Total Indep			4				Total Indep						
Total Depend				23			Total Depend						
Total Claims			27				Total Claims						

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